MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/527173

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		1				
9		1				
10		1				
11		1				
12		(1)				
13		(1)				
14	1					
15		(1)				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		(1)				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	27					
TOTAL CLAIMS	29					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						